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## **COMMUNITY HOSPITALS**

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## **INTRODUCTION**

This section contains a descriptive summary of selected statistics for the 51 community hospitals in South Dakota. Past trends and a description of the existing state of community hospitals are discussed within sections pertaining to community hospital resources, utilization, and finances. This descriptive information concerns primarily inpatient utilization of facilities. The 2006 data showed that:

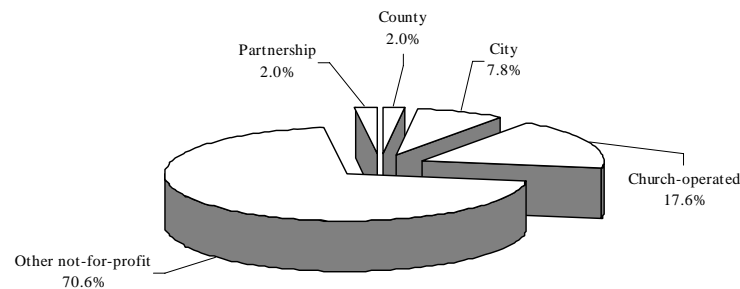
- South Dakota had 51 community hospitals. Only 50 of the 51 community hospitals responded to the AHA Annual Survey during 2006. Holy Infant Hospital, Hoven did not complete the 2006 survey. For comparison purposes data from their 2005 survey was included. Also Bowdle Hospital, Bowdle did not complete the financial information; therefore, financial data from their 2005 survey was used. This is one less than the number of hospitals that reported in 2005.
- South Dakota's 51 community hospitals provided consumers with 2,885 licensed beds, 3 more than in 2005. Of these 2,885 licensed beds, 2,600 beds were set up and staffed. In addition, 514 of the 2,885 community hospital beds were designated as swing beds, 14 more than in 2005.
- South Dakota's community hospitals provided consumers with 3.7 community hospital beds per 1,000 population. South Dakota's community hospital bed/1,000 rate has been on a steady decline since 1997 until 2003 where it remained unchanged until 2005 where increased slightly. From 2005 to 2006 it remained unchanged.
- The average size of South Dakota's community hospitals was 56.6 beds, up from the average size of 56.5 beds in 2005. Most were relatively small with a median hospital size of 25 beds. The largest South Dakota community hospital had 441 beds and the smallest hospital had four beds.
- Utilization numbers indicate a decrease in 2006. Discharges (including swing bed discharges) totaled 95,008, a decrease of 4,144 from 2005. Since 1997, total discharges have fluctuated annually.
- Forty-seven of the 51 community hospitals were licensed for swing beds, which generated 45,155 swing bed inpatient days, compared to 43,409 swing bed inpatient days in 2005.
- Community hospitals reported expenses of \$1.67 billion and revenues of \$1.88 billion during the 2006 reporting period, for increases of 6.4 and 8.7 percent over 2005, respectively.

### RESOURCES

#### Type of Control

The results of the AHA Annual Survey indicated that five different types of organizations were responsible for establishing policy for the overall operation of South Dakota's community hospitals. In 2006, county government controlled one community hospital and city governments controlled four community hospitals for a total of 9.8 percent. One community hospital was controlled by an investor-owned, for-profit partnership for a total of 2.0 percent. Of the remaining 88.2 percent of hospitals, church-operated, not-for-profit organizations controlled nine community hospitals or 17.6 percent and other not-for-profit organizations controlled 36 community hospitals or 70.6 percent. Figure 1, below, depicts the organizational structure of community hospitals during the 2006 reporting period.

**Figure 1**  
**Organizational Structure – Control of Community Hospitals, 2006**



NOTE: Holy Infant Hospital, Hoven, did not submit a survey. The data from their 2005 survey was included for comparison purposes.

SOURCE: South Dakota Department of Health; Office of Data, Statistics, and Vital Records.

#### Facilities and Beds

The number of community hospitals, 51, stayed the same from 2005 to 2006. The number of community hospitals has remained consistently between 49 and 51 during the last decade. In 2006, the average size of community hospitals was 56.6 beds, up from the 2005 average of 56.5 beds. The median hospital size was 25 beds, the same as 2005. South Dakota's smallest hospital had only four beds, while the largest hospital had 441 beds. The wide range in bed size can be attributed to the way the population is dispersed throughout the state. The total number of licensed beds in 2006 was 2,885, up three beds from 2005 and down 297 beds or a decrease of 9.3 percent from 1997. Table 1, page five, shows the number of community hospitals and licensed beds within those hospitals, broken down by bed size category.

**Table 1**  
**Number of Community Hospitals and Licensed Beds**  
**by Bed Size Category, 1997-2006**

Year	Bed Size Category											
	4-24		25-49		50-99		100-199		200 +		Total	
	# of Hosp	# of Beds	# of Hosp	# of Beds	# of Hosp	# of Beds	# of Hosp	# of Beds	# of Hosp	# of Beds	# of Hosp	# of Beds
1997	17	255	22	693	4	282	3	404	4	1,548	50	3,182
1998	19	285	20	627	4	282	4	547	3	1,379	50	3,120
1999	19	291	19	613	5	373	3	407	3	1,381	49	3,065
2000	19	294	20	640	4	319	3	401	3	1,332	49	2,986
2001	20	294	20	569	5	374	3	401	3	1,332	51	2,970
2002	20	294	20	569	5	374	3	401	3	1,332	51	2,970
2003	20	297	19	533	6	426	3	401	3	1,383	51	3,040
2004	21	319	19	514	5	374	3	401	3	1,444	51	3,052
2005	21	319	21	572	3	196	3	401	3	1,394	51	2,882
2006	21	321	21	571	3	196	3	403	3	1,394	51	2,885

NOTE: Swing bed numbers are included in the bed numbers above. Holy Infant Hospital, Hoven, did not submit a survey. The data from their 2005 survey was included for comparison purposes.

SOURCE: South Dakota Department of Health; Office of Data, Statistics, and Vital Records.

### **Beds Per 1,000 Population**

One of the best measures of availability of hospital beds is the number of community hospital beds per 1,000 population. This rate has fluctuated over the past 30 years, rising from 4.4 beds per 1,000 population in 1950 to 5.6 beds in 1970. In the early 1970s, the number of beds dropped slightly until 1977 when it reached 5.1 beds per 1,000 population. The drop in bed supply in the mid-70s may be attributed to a number of hospital closures due to population patterns. Recent declines in bed supply are due to decreased utilization of inpatient beds because of the rise in outpatient visits. The 2006 statewide figure is 3.7 beds per 1,000 population, using the 2006 U.S. census population estimate number of 781,919 and the 2006 figure of 2,885 licensed hospital beds. Table 2, page six, provides the number of beds per 1,000 population from 1997 to 2006. The beds per 1,000 population have been on a decline consistently from 4.6 beds per 1,000 population in 1997 to 3.9 beds per 1,000 population in 2002. In 2003 there was an increase of 2.6 percent with 4.0 beds per 1,000 population, a number that remained unchanged in 2004. However, in 2005 there was a decrease of 7.5 percent with 3.7 beds per 1,000 population, which remained the same in 2006.

**Table 2**  
**Licensed Hospital Beds Per 1,000 Population**  
**in South Dakota Community Hospitals, 1997-2006**

<b>YEAR</b>	<b>SOUTH DAKOTA POPULATION</b> (See Note Below)	<b>NUMBER OF LICENSED BEDS</b>	<b>BEDS PER 1,000 POPULATION</b>
1997	696,004	3,182	4.6
1998	696,004	3,120	4.5
1999	696,004	3,065	4.4
2000	754,844	2,986	4.0
2001	758,068	2,970	3.9
2002	760,368	2,970	3.9
2003	764,599	3,040	4.0
2004	770,621	3,052	4.0
2005	775,933	2,882	3.7
2006	781,919	2,885	3.7

NOTE: The 1990 Census was used for the 1997-1999 rates. The 2000 Census was used for 2000. US Census Bureau population estimates were used for 2001-2006. Information in Table 2 includes swing beds. Holy Infant Hospital, Hoven, did not submit a survey. The data from their 2005 survey was included for comparison purposes.

SOURCE: South Dakota Department of Health; Office of Data, Statistics, and Vital Records.

### **Beds Per 1,000 Population by Geographic Area**

Another way to look at beds per 1,000 population is by geographic area of the hospital. There are three possible geographic areas in South Dakota; frontier, rural, and urban. Frontier is described as a population density of six or less persons per square mile. Rural is described as a population density of more than six persons per square mile but no population centers of 50,000 or more. Urban is described as having a population center of 50,000 or more. Please see Appendix H for a map of South Dakota counties by geographic areas. Table 3, below, displays beds per 1,000 population by geographic areas. In 2006, urban geographic areas had the highest beds per 1,000 population with 5.7 beds per 1,000 population.

**Table 3**  
**Licensed Hospital Beds Per 1,000 in South Dakota Community**  
**Hospitals by Geographic Areas, 2006**

<b>GEOGRAPHIC AREAS</b>	<b>SOUTH DAKOTA POPULATION</b>	<b>NUMBER OF LICENSED BEDS</b>	<b>BEDS PER 1,000 POPULATION</b>
Urban	257,619	1,472	5.7
Rural	401,732	1,092	2.7
Frontier	122,568	321	2.6

NOTE: For beds per 1,000 population the 2005 US Census Bureau population estimate was used. Information in Table 3 includes swing beds. Holy Infant Hospital, Hoven, did not submit a survey. The data from their 2005 survey was included for comparison purposes.

SOURCE: South Dakota Department of Health, Office of Data, Statistics, and Vital Records

## Services

In 1994, AHA began to monitor which services are provided directly by the community hospitals or provided by a health system, network or through a contractual agreement with another provider outside the network or system. In 1994, health systems provided 3.3 percent of services, networks provided 2.0 percent of services, and providers outside the network or system provided 11.8 percent of the services through contractual agreement. In 2006, health systems provided 12.9 percent of the services, networks provided 1.5 percent of services, and providers outside the network or system provided 15.9 percent of the services through contractual agreement. These numbers show an increase in contractual services and a decrease in percent of health system. Networks remained unchanged from 2005. Table 4, pages 7-9, lists the types of services provided by community hospitals and the number of community hospitals in South Dakota that maintained those services within their facility or had an arrangement with some other facility to provide the service during 2006. One new facility and service category, **Ambulatory Surgery Center**, was added to the 2006 survey.

**Table 4**  
**Services Offered by South Dakota Community Hospitals, 2006**

Services Provided (New services are in bold)	Provided by Community Hospitals	Number of Beds	Provided by Health Systems	Provided by Networks	Provided by Contract with Provider Not in System/ Network
General medical-surgical care	49	1440	1	1	2
Pediatric medical-surgical care	16	104	2	0	2
Obstetrics	24	194	6	1	1
Medical surgical intensive care	24	135	2	0	1
Cardiac intensive care	11	38	2	0	2
Neonatal intensive care	4	85	2	0	2
Neonatal intermediate care	3	10	2	0	2
Pediatric intensive care	4	19	2	0	2
Burn care	1	0	1	0	2
Other special care	4	72	1	0	2
Other intensive care	3	7	1	0	2
Physical rehabilitation	8	114	3	0	3
Alcoholism-drug abuse/dependency care	2	52	2	0	3
Psychiatric care	5	428	2	0	3
Skilled nursing care	31	1260	3	0	2
Intermediate nursing care	10	217	1	1	3
Acute long-term care	4	133	2	0	4
Other long-term care	8	137	2	0	2
Other care	13	172	5	1	1
Adult day care program	8	0	2	0	1
Airborne infection isolation rooms	24	108	2	0	0
Alcoholism-drug abuse or dependency outpatient	3		2	0	4
Alzheimer center	4		1	0	1
Amulance services	12		1	1	14
<b>Ambulatory surgery center</b>	7		2	0	3
Arthritis treatment center	1		1	0	1
Assisted living	20		4	1	3
Auxiliary	31		1	0	1
Bariatric/weight control services	5		2	0	1
Birthing room - LDR room - LDRP room	22		2	0	1
Blood donor center	2		3	0	7
Breast cancer screening/mammograms	29		8	0	7

## COMMUNITY HOSPITALS

**Table 4 (Cont.)**  
**Services Offered by South Dakota Community Hospitals, 2006**

Services Provided (New services are in bold)	Provided by Community Hospitals	Number of Beds	Provided by Health Systems	Provided by Networks	Provided by Contract with Provider Not in System/ Network
Cardiology and cardiac surgery services					
a. Adult diagnostic/invasive catheterization	7		2	0	1
b. Pediatric diagnostic/invasive catheterization	2		2	0	1
c. Adult interventional cardiac catheterization	6		2	0	1
d. Pediatric interventional cardiac catheterization	2		2	0	1
e. Adult cardiac surgery	4		2	0	1
f. Pediatric cardiac surgery	1		2	0	1
g. Cardiac rehabilitation	41		2	0	1
Case management	27		1	1	1
Chaplaincy/pastoral care services	16		2	0	3
Chemotherapy	29		2	1	1
Children wellness program	6		1	0	1
Chiropractic services	0		0	0	4
Community outreach	32		1	1	1
Complementary medicine services	4		2	0	2
Computer assisted orthopedic surgery (CAOS)	0		0	0	1
Crisis prevention	4		2	0	3
Dental services	6		0	0	7
Emergency services:					
a. Emergency department	50		1	1	1
b. Freestanding/satellite emergency department	0		0	0	1
c. Trauma center (certified)	10		3	0	1
Enabling services	4		0	0	2
End of life services:					
a. Hospice	19		10	0	9
b. Pain management program	15		4	0	3
c. Palliative care program	9		4	0	2
Enrollment assistance services	8		1	0	2
Extracorporeal shock wave lithotripter (ESWL)	3		2	0	3
Fitness center	17		1	0	3
Freestanding outpatient care center	3		2	0	0
Geriatric services	17		2	0	0
Health fair	35		1	1	1
Health information center	17		4	0	0
Health screenings	46		2	1	2
Hemodialysis	9		1	0	3
HIV/AIDS services	4		2	0	1
Home health services	27		9	1	6
Hospital-based outpatient care center services	33		1	0	1
Indigent care clinic	2		0	0	1
Linguistic/translation services	13		1	0	6
Meals on wheels	10		0	0	8
Mobile health services	8		2	1	7
Neurological services	6		3	0	2
Nutrition programs	25		2	0	5
Occupational health services	31		2	1	5
Oncology services	14		2	0	3
Orthopedic services	14		6	1	8
Outpatient surgery	41		2	1	1
Patient controlled analgesia (PCA)	15		2	0	1
Patient education center	22		1	0	1
Patient representative services	15		1	0	1
Physical rehabilitation outpatient services	37		3	1	3
Primary care department	16		4	1	1



# MEDICAL FACILITIES REPORT

**Table 4 (Cont.)**  
**Services Offered by South Dakota Community Hospitals, 2006**

Services Provided (New services are in bold)	Provided by Community Hospitals	Number of Beds	Provided by Health Systems	Provided by Networks	Provided by Contract with Provider Not in System/ Network
<b>Psychiatric services:</b>					
a. Psychiatric child-adolescent services	4		4	0	2
b. Psychiatric consultation-liaison services	3		4	0	5
c. Psychiatric education services	4		4	0	2
d. Psychiatric emergency services	7		2	0	5
e. Psychiatric geriatric services	3		4	0	3
f. Psychiatric outpatient services	4		6	0	5
g. Psychiatric partial hospitalization program	3		2	0	1
<b>Radiology, therapeutic</b>	<b>8</b>		<b>1</b>	<b>0</b>	<b>1</b>
a. Image-guided radiation therapy (IGRT)	3		0	0	1
b. Intensity-modulated radiation therapy (IMRT)	7		1	0	1
c. Shaped beam radiation system	5		1	0	1
d. Stereotactic radiosurgery	2		1	0	1
<b>Radiology, diagnostic:</b>					
a. CT scanner	32		7	2	11
b. Diagnostic radioisotope facility	14		3	0	4
c. Electron beam computed tomography	0		1	0	2
d. Full-field digital mammography	3		5	0	3
e. Magnetic resonance imaging	17		8	2	13
f. Multi-slice spiral computed tomography (<64 + slice CT)	14		1	0	1
g. Multi-slice spiral computed tomography (64+ slice CT)	7		2	0	1
h. Position emission tomography	5		4	1	5
i. Positron emission tomography/CT	3		3	0	6
j. Single photon emission comp tomography	9		3	0	4
k. Ultrasound	37		5	1	8
<b>Reproductive health</b>					
a. Fertility clinic	0		2	0	1
b. Genetic testing/counseling	2		1	0	1
Retirement housing	15		2	0	6
Robotic surgery	1		0	0	1
Sleep center	15		5	1	9
Social work services	30		4	1	5
Sports medicine	19		5	1	1
Support groups	21		3	1	6
Swing bed services	47		1	1	2
Teen outreach services	2		1	0	2
Tobacco treatment/cessation program	15		4	1	2
<b>Transplant services:</b>					
a. Bone marrow transplant services	1		1	0	2
b. Heart	0		0	0	2
c. Kidney	2		1	0	2
d. Liver	0		0	0	3
e. Lung	0		0	0	3
f. Tissue	3		0	0	3
g. Other	1		0	0	2
Transportation to health facilities	9		2	0	10
Urgent care center	4		2	0	3
Virtual colonoscopy	3		2	0	1
Volunteer services department	23		1	0	1
Women's health center/services	11		6	2	2
Wound management services	19		4	0	1

SOURCE: South Dakota Department of Health, Office of Data, Statistics, and Vital Records

## COMMUNITY HOSPITALS

### UTILIZATION

#### General Trends

The number of hospitals has remained the same for the last five years. Table 5, below, portrays selected utilization data for South Dakota community hospitals. It is important to note that the data in Table 5 includes swing bed data, showing that swing bed utilization has not always helped inpatient procedures keep pace with the increase in outpatient procedures. In 2006, there were 2,885 community hospital beds, 297 beds or 9.3 percent fewer than the 1997 total of 3,182 beds. Discharges increased from 93,232 in 1997 to 95,008 in 2006, an increase of 1,776 discharges or 1.9 percent. However, there were 4,144 less discharges in 2006 than in 2005.

The number of inpatient days has fallen from 488,769 in 1997 to 436,080 in 2006, a decrease of 52,689 inpatient days or 10.8 percent. Inpatient days decreased 2.3 percent from 2005. The average length of stay declined from 5.2 days in 1997 to 4.6 days in 2006. The overall trend of decline in the utilization numbers of community hospitals is indicative of the activity in acute care hospitals around the United States.

Cost containment efforts by government, health care coverage companies, and hospitals have encouraged the utilization of outpatient procedures more frequently and decreased the period of time people stay in the hospital for any given procedure. Additionally, the 96-hour average length of stay limit for acute care in the Critical Access Hospital program has contributed to shorter stays in rural hospitals. As of December 31, 2006, South Dakota had 38 hospitals participating in this program.

**Table 5**  
**Selected Utilization Data for South Dakota Community Hospitals, 1997-2006**

YEAR	NUMBER OF HOSPITALS	LICENSED BEDS	DISCHARGES	INPATIENT DAYS	AVERAGE LENGTH OF STAY	AVERAGE DAILY CENSUS	PERCENT OCCUPANCY
1997	50	3,182	93,232	488,769	5.2	1339.1	42.1%
1998	50	3,120	96,311	481,546	5.0	1319.3	42.3%
1999	49	3,065	95,287	491,030	5.1	1345.3	43.9%
2000	49	2,986	97,278	479,960	4.9	1311.5	43.9%
2001	51	2,970	98,676	491,473	5.0	1346.5	45.3%
2002	51	2,970	101,875	486,810	4.8	1333.7	44.9%
2003	51	3,040	99,649	442,845	4.4	1213.3	39.9%
2004	51	3,052	102,350	464,315	4.5	1268.6	41.6%
2005	51	2,882	99,152	446,534	4.5	1223.4	42.4%
2006	51	2,885	95,008	436,080	4.6	1194.7	41.4%

NOTE: Table 5 includes swing bed data. Numbers excluding swing bed data are listed in Tables 6-9. Holy Infant Hospital, Hoven, did not submit a survey. The data from their 2005 survey was included for comparison purposes.

SOURCE: South Dakota Department of Health; Office of Data, Statistics, and Vital Records.

## RECENT TRENDS

Community hospital trends by bed size category from 1997 to 2006 are discussed below. The Department of Health monitors the following utilization trends for community hospitals: inpatient days, percent occupancy, discharges, average lengths of stay, and Medicare and Medicaid inpatient days.

### Inpatient Days (Excludes swing bed inpatient days)

Table 6, below, indicates the trend in inpatient days for the different sizes of community hospitals between 1997 and 2006 when swing bed days are excluded. In 2006, South Dakota community hospitals generated 390,925 acute care inpatient days, down 43,265 days or 10 percent from 1997. Although there has been a general decline of inpatient days generated in South Dakota community hospitals during the past 10 years, there was a slight increase of 2.3 percent in 2001 and again an increase in 2004 of 6.8 percent. However, in 2006 there was a decrease of 3.0 percent.

**Table 6**  
**Inpatient Days for South Dakota Community Hospitals, 1997-2006**

Hospital Size	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
0-24	13,667	16,017	16,997	13,682	12,431	13,494	12,394	11,728	12,083	13,489
25-49	38,638	34,152	33,374	36,322	32,078	28,350	30,911	29,484	30,836	30,481
50-99	32,680	31,270	43,538	33,875	47,772	44,541	45,210	41,320	31,743	31,152
100-199	48,562	78,925	66,379	66,078	64,099	63,381	60,106	56,866	53,439	49,312
200 +	300,643	275,588	281,098	283,306	287,036	289,411	249,365	285,490	275,024	266,491
<b>Total</b>	<b>434,190</b>	<b>435,952</b>	<b>441,386</b>	<b>433,263</b>	<b>443,416</b>	<b>439,177</b>	<b>397,986</b>	<b>424,888</b>	<b>403,125</b>	<b>390,925</b>

NOTE: Table 6 excludes swing bed data. Holy Infant Hospital, Hoven did not submit a survey. The data from their 2005 survey was included for comparison purposes.

SOURCE: South Dakota Department of Health; Office of Data, Statistics, and Vital Records.

### Percent Occupancy (Excludes swing bed data)

Table 7, page 12, shows the occupancy rate for the different sizes of community hospitals between 1997 and 2006. The occupancy rate of a hospital shows the percentage of total beds in a hospital, which are occupied, averaged over a one-year period. An occupancy rate is a standard indicator of the extent to which a facility's capacity is being utilized. Over the last 10 years, the rate has shown periods of decreasing and increasing. Since 2001, the rate has been on a decrease dropping slightly from 40.9 percent in 2001 to 40.5 percent in 2002 and then to 35.9 percent in 2003. However, in 2004 the rate increased to 38 percent and then to 38.3 percent in 2005 followed by a decrease to 37.1 percent in 2006.

In addition, occupancy rates are directly correlated with the number of licensed beds in a facility. Hospitals with more than 200 beds consistently have the highest occupancy rates in almost every year analyzed, while hospitals with less than 24 beds have the lowest occupancy rates of all South Dakota community hospitals.

**Table 7**  
**Percent Occupancy Rates for South Dakota Community Hospitals, 1997-2006**

Hospital Size	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
0-24	14.7	15.4	16.0	12.7	11.6	12.6	11.4	10.0	10.4	11.5
25-49	15.3	14.9	14.9	15.5	15.4	13.7	15.9	15.7	14.8	14.6
50-99	31.7	30.4	32.0	29.0	35.0	32.6	29.1	30.2	44.4	43.5
100-199	32.9	39.5	44.7	45.0	43.8	43.3	41.1	38.7	36.5	33.5
200 +	53.2	54.8	55.8	58.1	59.0	59.5	49.4	54.0	54.1	52.4
<b>Total</b>	<b>37.4</b>	<b>38.3</b>	<b>39.5</b>	<b>39.6</b>	<b>40.9</b>	<b>40.5</b>	<b>35.9</b>	<b>38.0</b>	<b>38.3</b>	<b>37.1</b>

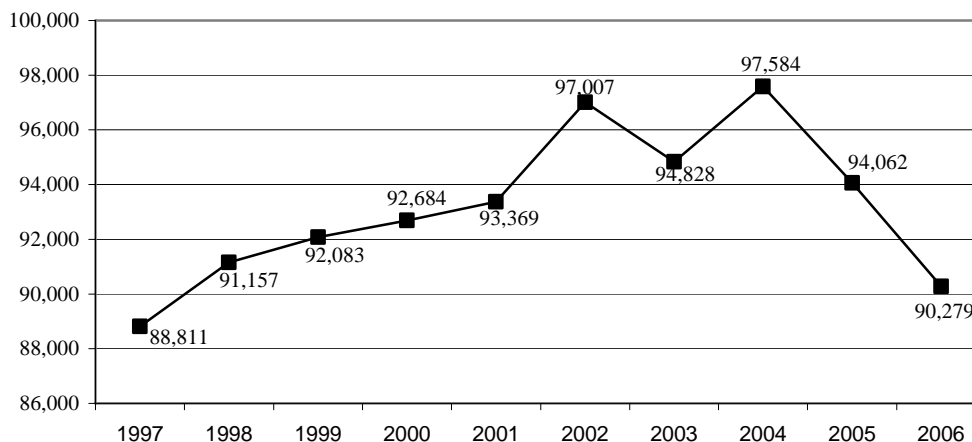
NOTE: Table 7 excludes swing bed data. Holy Infant Hospital, Hoven, did not submit a survey. The data from their 2005 survey was included for comparison purposes.

SOURCE: South Dakota Department of Health; Office of Data, Statistics, and Vital Records.

### Discharges (Excludes swing bed data)

Over the past 10 years, annual discharge totals have fluctuated. As Figure 2, below, shows, the number reached its high in 2004 with 97,584 and the low was 88,811 in 1997.

**Figure 2**  
**Discharges (Excluding Swing Beds), 1997-2006**



NOTE: Figure 2 excludes swing bed data. Holy Infant Hospital, Hoven, did not submit a survey. The data from their 2005 survey was included for comparison purposes.

SOURCE: South Dakota Department of Health; Office of Data, Statistics, and Vital Records.

Table 8, page 13, shows the number of discharges from the different sizes of community hospitals between 1997 and 2006. The 2006 discharge rate per 1,000 South Dakota population was 115.5, down from the 2005 rate of 121.2 per 1,000 population. If swing bed discharges were included, the discharge rates per 1,000 population would be 127.8 and 115.5, respectively, for 2005 and 2006.

**Table 8**  
**Discharges from South Dakota Community Hospitals, 1997-2006**

Hospital Size	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
0-24	4,022	4,889	4,934	4,292	4,093	4,474	3,898	4,540	4,599	4,032
25-49	11,287	10,415	10,741	11,124	10,440	9,957	9,167	9,553	11,213	11,070
50-99	8,765	8,871	10,943	9,662	9,681	12,685	13,072	12,246	9,104	8,806
100-199	11,063	17,594	14,709	14,475	14,503	14,575	14,007	13,924	13,473	12,267
200 +	53,674	49,388	50,756	53,131	54,662	55,316	54,684	57,321	55,673	54,104
<b>Total</b>	<b>88,811</b>	<b>91,157</b>	<b>92,083</b>	<b>92,684</b>	<b>93,369</b>	<b>97,007</b>	<b>94,828</b>	<b>97,584</b>	<b>94,062</b>	<b>90,279</b>

NOTE: Table 8 excludes swing bed data. Holy Infant Hospital, Hoven, did not submit a survey. The data from their 2005 survey was included for comparison purposes.

SOURCE: South Dakota Department of Health; Office of Data, Statistics, and Vital Records.

### **Average Length of Stay (Excludes swing bed data)**

Table 9, below, indicates the trend in the average length of stay in the different sizes of community hospitals between 1997 and 2006. The length of stay has varied only slightly over the last 10 years with a peak of 4.9 days in 1997 and a low of 4.2 in 2003. In 2006, the average length of stay in hospitals with more than 200 beds was 1.6 days longer than the average length of stay in the hospitals with less than 24 beds.

**Table 9**  
**Average Length of Stay in South Dakota Community Hospitals, 1997-2006**

Hospital Size	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
0-24	3.4	3.3	3.4	3.2	3.0	3.0	3.2	2.6	2.6	3.3
25-49	3.4	3.3	3.1	3.3	3.1	2.8	3.4	3.1	2.8	2.8
50-99	3.7	3.5	4.0	3.5	4.9	3.5	3.5	3.4	3.5	3.5
100-199	4.4	4.5	4.5	4.6	4.4	4.3	4.3	4.1	4.0	4.0
200 +	5.6	5.6	5.5	5.3	5.3	5.2	4.6	5.0	4.9	4.9
<b>Total</b>	<b>4.9</b>	<b>4.8</b>	<b>4.8</b>	<b>4.7</b>	<b>4.7</b>	<b>4.5</b>	<b>4.2</b>	<b>4.4</b>	<b>4.3</b>	<b>4.3</b>

NOTE: Table 9 excludes swing bed data. Holy Infant Hospital, Hoven, did not submit a survey. The data from their 2005 survey was included for comparison purposes.

SOURCE: South Dakota Department of Health; Office of Data, Statistics, and Vital Records.

### **Medicare Inpatient Days (Includes swing bed data)**

Table 10, page 14, shows the number of Medicare inpatient days in the different sizes of community hospitals between 1997 and 2006. Swing bed Medicare days are included in the count for all years. In 2006, South Dakota community hospitals had 214,236 Medicare inpatient days. This was a 10.4 percent decrease from 2005. In 2006, Medicare inpatient days made up 54.8 percent of all community hospital inpatient days, compared to 63.8 percent in 1997.

## COMMUNITY HOSPITALS

**Table 10**  
**Medicare Inpatient Days for South Dakota Community Hospitals, 1997-2006**

Hospital Size	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
0-24	15,890	17,042	17,349	15,836	13,035	14,336	15,003	16,818	17,688	16,985
25-49	45,949	39,874	39,061	35,037	31,543	34,308	32,672	31,884	36,823	31,272
50-99	22,030	19,320	22,998	20,692	21,686	30,350	31,610	28,538	23,191	20,605
100-199	36,334	54,686	44,171	41,104	42,903	49,970	42,468	39,970	38,945	33,611
200 +	156,727	135,408	137,534	141,334	137,067	136,209	127,888	129,676	122,456	111,763
<b>Total</b>	<b>276,930</b>	<b>266,330</b>	<b>261,113</b>	<b>254,003</b>	<b>246,234</b>	<b>265,173</b>	<b>249,641</b>	<b>246,886</b>	<b>239,103</b>	<b>214,236</b>

NOTE: Table 10 includes swing bed data. Holy Infant Hospital, Hoven, did not submit a survey. The data from their 2005 survey was included for comparison purposes.

SOURCE: South Dakota Department of Health; Office of Data, Statistics, and Vital Records.

### Medicaid Inpatient Days (Includes swing bed data)

Table 11, below, shows the number of Medicaid inpatient days by bed size group in community hospitals between 1997 and 2006. Medicaid inpatient days totaled 53,165 days during 2006, or 13.6 percent of all inpatient days, an increase of 8.7 percent since 1997. Medicaid inpatient days decreased 15.3 percent from 2005 to 2006.

**Table 11**  
**Medicaid Inpatient Days in South Dakota Community Hospitals, 1997-2006**

Hospital Size	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
0-24	3,510	2,072	2,250	1,697	1,116	1,281	1,090	1,260	1,994	1,500
25-49	4,168	4,602	3,272	3,948	3,972	6,508	4,174	3,436	3,920	4,141
50-99	3,684	3,593	3,520	3,114	3,136	3,539	3,542	3,367	3,289	2,578
100-199	3,110	4,533	4,341	4,413	4,627	4,717	4,440	4,096	5,222	4,612
200 +	34,450	37,552	39,039	38,514	41,155	41,829	42,905	47,056	48,333	40,334
<b>Total</b>	<b>48,922</b>	<b>52,352</b>	<b>52,422</b>	<b>51,686</b>	<b>54,006</b>	<b>57,874</b>	<b>56,151</b>	<b>59,215</b>	<b>62,758</b>	<b>53,165</b>

NOTE: Table 11 includes swing bed data. Holy Infant Hospital, Hoven, did not submit a survey. The data from their 2005 survey was included for comparison purposes.

SOURCE: South Dakota Department of Health; Office of Data, Statistics, and Vital Records.

## SURGICAL OPERATIONS

Table 12, page 15, shows the number of surgical procedures, both inpatient and outpatient, for 2002 to 2006. Each patient undergoing surgery is counted as one surgical operation regardless of the number of surgical procedures that are performed while the patient is in the operating or procedure room. Outpatient surgical operations are those surgeries performed on patients who do not remain in the hospital overnight. The number of outpatient surgeries has increased from 2005 by 3,400 procedures, or 6.6 percent. The number of inpatient procedures has decreased by 441 procedures, or 1.3 percent, from 2005. Overall, surgical procedures have increased from 2002 by 7,216 procedures or 8.8 percent.

**Table 12**  
**Surgical Operations Performed in South Dakota Community Hospitals, 2002-2006**

<b>SURGICAL OPERATIONS</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>
Inpatient	37,040	35,196	33,380	34,185	33,744
Outpatient	44,177	49,582	48,926	51,289	54,689
<b>Total</b>	<b>81,217</b>	<b>84,778</b>	<b>82,306</b>	<b>85,474</b>	<b>88,433</b>

NOTE: Holy Infant Hospital, Hoven, did not submit a survey. The data from their 2005 survey was included for comparison purposes.

SOURCE: South Dakota Department of Health; Office of Data, Statistics, and Vital Records.

## OUTPATIENT VISITS

Table 13, below, provides the number of outpatient visits to community hospitals from 2002 to 2006. An outpatient visit is a visit to each emergency or non-emergency outpatient service area by a person who is not lodged in the hospital overnight while receiving medical, dental, or other health-related services. The count includes each appearance of a patient in each emergency or non-emergency outpatient service area. Emergency visits are defined as the total number of patients seen in an emergency unit. The number of other visits reflects the total number of scheduled or unscheduled visits to outpatient service areas other than the emergency room. The numbers below include physician referrals and outpatient surgeries but do not include occasions of service.

Outpatient visits in South Dakota community hospitals have fluctuated over the last five years. In 2006, outpatient visits numbered 1,623,868, an increase of 55,866 outpatient visits from 2005. From 2002 to 2006 there was a percent decrease of 12.7 percent.

**Table 13**  
**Outpatient Visits to South Dakota Community Hospitals, 2002-2006**

<b>OUTPATIENT SERVICES</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>
Emergency	210,259	208,463	210,378	209,182	219,164
Other	1,625,608	1,351,695	1,497,127	1,326,362	1,370,363
Observation	24,391	22,461	28,309	32,458	34,341
<b>Total</b>	<b>1,860,258</b>	<b>1,582,619</b>	<b>1,735,814</b>	<b>1,568,002</b>	<b>1,623,868</b>

NOTE: Holy Infant Hospital, Hoven, did not submit a survey. The data from their 2005 survey was included for comparison purposes.

SOURCE: South Dakota Department of Health; Office of Data, Statistics, and Vital Records.

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### SWING BEDS

In 2006, 47 hospitals had swing beds. Table 14, below, provides swing bed utilization information from 1997 to 2006. The development and use of swing beds has increased by 83 licensed beds or 19.3 percent in the last 10 years. Although the number of swing beds has increased since 1997, the number of inpatient days has declined from 54,137 inpatient days in 1997 to 45,155, a decrease of 8,982 days or 16.6 percent. However, there was an increase of 1,746 days from 2005 to 2006. This trend can be explained by a decline in the length of stay by more than 2 days since 1997 and by a decline in the average daily census by 25 persons per day since a 10 year high in 1997.

**Table 14**  
**Swing Bed Utilization for South Dakota Community Hospitals, 1997-2006**

YEAR	NUMBER OF SWING BEDS	NUMBER OF SWING BED PATIENT ADMISSIONS	NUMBER OF SWING BED INPATIENT DAYS	SWING BED AVERAGE LENGTH OF STAY	SWING BED AVERAGE DAILY CENSUS	PERCENT OCCUPANCY
1997	431	4,496	54,137	12.0	148.3	34.4%
1998	442	4,260	47,998	11.3	131.5	29.8%
1999	451	4,450	47,180	10.6	129.3	28.7%
2000	448	4,594	46,697	10.2	127.6	28.5%
2001	447	5,294	48,020	9.1	131.6	29.4%
2002	447	4,868	47,633	9.8	130.5	29.2%
2003	471	4,821	44,859	9.3	122.9	26.1%
2004	471	4,766	39,427	8.3	107.7	22.9%
2005	500	5,090	43,409	8.5	118.9	23.8%
2006	514	4,729	45,155	9.5	123.7	24.1%

NOTE: Holy Infant Hospital, Hoven, did not submit a survey. The data from their 2005 survey was included for comparison purposes.

SOURCE: South Dakota Department of Health; Office of Data, Statistics, and Vital Records.

### FINANCIAL INFORMATION

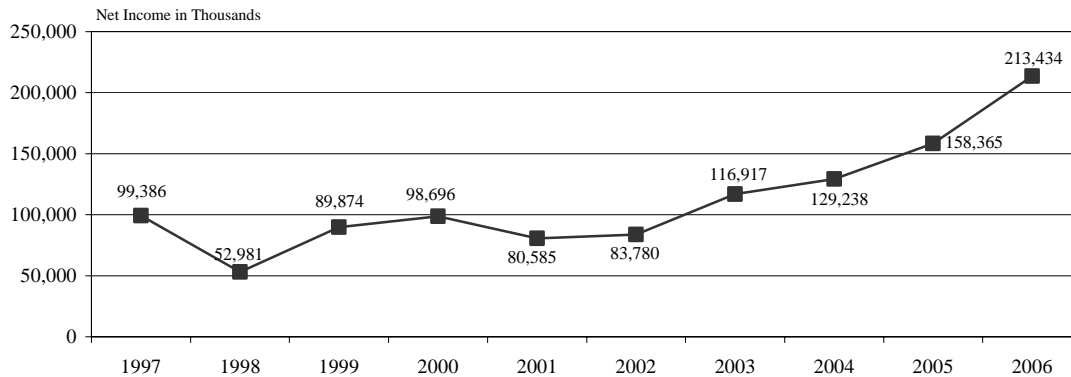
The following section examines financial characteristics and trends for community hospitals in South Dakota.

#### Expenses and Revenues

Figure 3, page 17, compares community hospital expenses with revenues from 1997 to 2006 by showing the change in net income. Net income is defined as excess revenue over expenditures. Total revenues, defined as total net revenue from services to patients (inpatient and outpatient) plus total other operating and non-operating revenue, amounted to \$1,882,761,402 during 2006 while total expenses, defined as total operating expenses plus non-operating losses, were \$1,669,327,295 for the same period.



**Figure 3**  
**Net Income for All Community Hospitals, 1997-2006**



NOTE: Numbers include attached long-term care facilities. Holy Infant Hospital, Hoven, did not submit a complete survey. The data from their 2005 survey was included for comparison purposes. In addition, Bowdle Hospital, Bowdle, did not submit a complete survey. The data from their 2005 survey was included for comparison purposes.

SOURCE: South Dakota Department of Health; Office of Data, Statistics, and Vital Records.

Table 15, below, shows total community hospital expenses by selected categories from 1997 to 2006. Total expenses have increased substantially during this period, from \$825,779,000 in 1997 to \$1,669,327,295 in 2006, an increase of 102.2 percent. Payroll expenses accounted for 43.1 percent of all expenses in 2006, which is consistent with past trends.

**Table 15**  
**Community Hospital Expenses by Category, 1997-2006**  
(In Thousands)

YEAR	TOTAL EXPENSES	PAYROLL EXPENSES	EMPLOYEE BENEFITS	PROFESSIONAL FEES	DEPRECIATION	INTEREST EXPENSE	ALL OTHER
1997	825,779	360,071	66,141	44,538	61,648	23,695	269,686
1998	866,507	360,851	62,003	46,847	61,905	21,997	312,904
1999	971,956	427,904	79,054	52,876	68,004	20,538	319,127
2000	1,059,360	465,534	89,353	*	71,370	21,899	*
2001	1,123,773	498,795	95,663	*	74,276	23,385	*
2002	1,238,145	542,613	106,518	*	82,164	28,540	*
2003	1,389,149	616,163	134,131	*	85,692	27,027	*
2004	1,490,978	656,209	152,510	*	87,631	27,409	*
2005	1,574,710	694,300	165,267	*	88,270	27,380	*
2006	1,669,327	718,876	176,183	*	89,178	27,862	*

\* Not asked since 1999 AHA Survey

NOTE: Numbers include attached long-term care facilities. Holy Infant Hospital, Hoven, did not submit a complete survey. The data from their 2005 survey was included for comparison purposes. In addition, Bowdle Hospital, Bowdle, did not submit a complete survey. The data from their 2005 survey was included for comparison purposes.

SOURCE: South Dakota Department of Health; Office of Data, Statistics, and Vital Records.

## COMMUNITY HOSPITALS

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The information presented in Table 16, below, is based on an equation developed and recommended by AHA. Between 1997 and 2006, South Dakota community hospital expenses per inpatient day increased by 91.2 percent, from \$1,143.70 to \$2,187.28. Expenses per inpatient day reflect expenses incurred for inpatient care only and are not adjusted for inflation.

**Table 16**  
**Adjusted Expenses Per Inpatient Day, 1997-2006**

YEAR	TOTAL EXPENSES	INPATIENT DAYS	ADJUSTED EXPENSES PER INPATIENT DAY
1997	825,779	488,769	\$ 1,143.70
1998	866,507	481,546	\$ 1,201.97
1999	971,956	491,030	\$ 1,331.37
2000	1,059,360	479,960	\$ 1,423.26
2001	1,123,773	491,473	\$ 1,474.44
2002	1,238,145	485,810	\$ 2,089.76
2003	1,389,149	442,845	\$ 1,968.48
2004	1,490,978	464,315	\$ 1,982.67
2005	1,574,710	446,534	\$ 2,100.00
2006	1,669,327	436,080	\$ 2,187.28

NOTE: Total inpatient days include swing bed days. Expenses per inpatient day are not adjusted for inflation. Numbers include attached long-term care facilities. Holy Infant Hospital, Hoven, did not submit a complete survey. The data from their 2005 survey was included for comparison purposes. In addition, Bowdle Hospital, Bowdle, did not submit a complete survey. The data from their 2005 survey was included for comparison purposes.

SOURCE: South Dakota Department of Health; Office of Data, Statistics, and Vital Records.